04-16-07

PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)							
FY 2006 (Fees pursuant to the Consolidated Appropriations Act,	578762000100							
For METHODS AND COMPOSITIONS FOR DELIVERY OF PHARMACEUTICAL AGENTS								
Art Unit 1635		Examiner	R. Schnizer					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$					
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$					
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00					
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Lhave enclosed a duplicate copy of this sheet. Fee								
Deposit Account Number 03-1952	form (PTO/SB/17) is a in duplicate.							
I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
attorney or agent of record. F	Registration Number	r40,030						
attorney or agent under 37 Cl Registration number if acting u								
In a facologn	April 12, 2007							
Signature	Date							
Jill A. Jacobson Typed or printed name	(650) 813-5876 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
X Total of 1 forms are sub	mitted.							

Client Ref. No.: PI 00684

04/17/2007 AWONDAF1 00000033 031952

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PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known						
		18). Applic	ation Nun	nber 1	10/086,973				
		Filing	Filing Date N		March 1, 2002				
		First I	First Named Inventor		Kesavan ESUVARANATHAN				
For FY 2007			Exam	iner Name	F	R. Schnizer			
X Applicant claims small entity status. See 37 CFR 1.27			Art Ur	iit	1	1635			
TOTAL AMOUNT OF P	TOTAL AMOUNT OF PAYMENT (\$) 690.00			Attorney Docket No. 5787			8762000100		
METHOD OF PAYM	ENT (check all th	at apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEAR	CH, AND EXAM	INATION FEES							
			SEARCH		EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fe		all Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)	
Utility	300		500	250	200	100	0.0		
Design	200		100	50	130	65	0.00		
Plant	200		300	150	160	80	0.00		
Reissue	300		500	250	600	300	0.00		
Provisional	200	100	0	0	0	0	0.0		
2. EXCESS CLAIM FEE		100	v	V	V	v		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (incl Each independent claim		a Daisanas)					50	25	
Multiple dependent clair		g Keissues)					200 360	100 180	
· ·		oo (8) = =	oo Paid (\$)		Mu	ultinla Dananda		160	
<u>Total Claims</u> <u>Ext</u> 58 - 58 =	0 x 2		ee Paid (\$) 0.00				Fee Paid (\$)		
HP = highest number of total			0.00			0.00	0.00	Į.	
Indep. Claims Ext	tra Claims Fe	ee (\$) F	ee Paid (\$)					_	
1 -5=		00.00 =	0.00						
HP = highest number of inde	pendent claims paid	for, if greater than 3.	·						
3. APPLICATION SIZE I									
If the specification and listings under 37 CF sheets or fraction th	R 1.52(e)), the a	pplication size fe	e due is \$2.	50 (\$125 f				I	
Total Sheets	Extra Sheets	Number of ea		٠,	ction thereof	Fee (\$)	Fee P	aid (\$)	
- 100 =		/50			ole number)			.00	
4. OTHER FEE(S)		(J:				Fees F	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge). 2253 Extension for response within third month 510.00									
Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00 1806 Submission of an Information Disclosure Statement 180.00									
SUBMITTED BY									
	· Socolom		Registra (Attorne	ation No. v/Agent)	40,030	Telephone	(650) 813	3-5876	
	Jacobson			-0		Date	April 12,	2007	
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Client Ref. No.: PI 00684